

**IMPORTANT NOTICE:**  
Completion of this form is necessary for consideration for licensure in connection with the Medical Cannabis Pilot Program Act, 410 ILCS 130 and 68 IAC 1290.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUPPORTING DOCUMENT

**MEDICAL CANNABIS  
CRIMINAL HISTORY FORM**

**MCD-CH**

***Each Principal Officer must individually complete, sign and date a separate Form.***

Have you ever been charged with, pled guilty to, or convicted of any crime or offense in any domestic or foreign jurisdiction?

☐ Yes ☐ No **If yes**, fill out and send in a separate form and supporting materials for each.

Date of charge:

Case number:

County:

State:

Country:

Statute: ☐ Arrest ☐ Charge ☐ Conviction

Manner of conviction? ☐ Plea ☐ Bench ☐ Jury ☐ Other

Sentence:

Discharged? ☐ Yes ☐ No **If yes**, Date of discharge?

Discharged satisfactorily? ☐ Yes ☐ No Attach documentation

☐ Sealed ☐ Expunged ☐ Pardoned? **If yes**, attach Documentation of the charge and court ordered resolution:

If you have ever been charged with or convicted of any crime or offense in any manner in this or any other country you must:

Include all charges and convictions, regardless of whether the charges were dismissed or you were found not guilty.

Include all charges and convictions, regardless of the class of the crime (felonies, misdemeanors and all petty offenses).

Include all serious traffic offenses, including DWI, DWAI, reckless driving, leaving the scene of an accident, driving under a revoked or suspended license,

**NOTICE:** Do not rely upon your understanding that an arrest or charge is "not supposed to be on your record". A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession a written order from a judge directing that action. If yes, provide a written statement of your criminal history. List all cases.

\*If you answered yes, for each offense of which you were charged, you must obtain official documentation from the court where you appeared, showing the final disposition (outcome) of your case. This document will show whether you were found guilty, and the penalty (money fine, time in prison, probation or deferred sentence). If you received a deferred judgment, a deferred sentence or probation, your documentation must include the date that you were discharged or released from probation or other supervision.

Have you ever received a pardon or its equivalent for any criminal offense in this or any other country? ☐ Yes ☐ No

Are you requesting the Division waive an excluded offense? ☐ Yes ☐ No **If yes**,

Provide a complete and detailed account of the offense(s) for which you are seeking a waiver. Provide your own version of the factual circumstances of the offense, including: details that demonstrate whether the conduct would have resulted in a conviction under the Act, the intended medical use of the cannabis, **and** the amount of the cannabis possessed.

Principal Officer Printed Name

Signature

Date